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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Buiser et al.
Serial No. : 10/830,195
Filed : April 22, 2004
Title : EMBOLIZATION

Art Unit : 1742
Examiner : Unknown

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Applicants request consideration of the reference listed on the attached PTO-1449 form.
A copy of the listed U.S. patent application publication can be provided upon request.

This statement is being filed before the receipt of a first Office Action on the merits.
Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: MARCH 24, 2006

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CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute Form PTO-1449
(modified)U.S. Department of Commerce
Patent and Trademark OfficeAttorney's Docket No.
01194-459001Application No.
10/830,195**Information Disclosure Statement
by Applicant**

(Use several sheets if necessary)

(37 CFR §1.98(b))

Applicant
Buiser et al.Filing Date
April 22, 2004Group Art Unit
1742**U.S. Patent Documents**

Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA	2003/0215519	11/20/2003	Schwarz et al.			

Foreign Patent Documents or Published Foreign Patent Applications

Examiner Initial	Desig. ID	Document Number	Publication Date	Country or Patent Office	Class	Subclass	Translation	
							Yes	No
	AB							

Other Documents (include Author, Title, Date, and Place of Publication)

Examiner Initial	Desig. ID	Document
	AC	

Examiner Signature

Date Considered

EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.